

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/644389</div>	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
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Total								
Indep								
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Depend								
Total								
Claims								

Filing Date

Applicant(s)

* May be used for additional claims or amendments